



MANAGEMENT OF CERVICAL SPONDYLOSIS THROUGH PANCHAKARMA AND AYURVEDIC INTERVENTIONS - A CASE REPORT

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ABSTRACT

Background: All cervical spine levels are affected by the overall disease process known as cervical spondylosis. The symptoms of cervical spondylosis include ligamentous and segmental instability, osteophytosis of the vertebral bodies, hypertrophy of the facets, and degenerative alterations to the intervertebral discs. The ageing process is linked to cervical spondylosis' natural course. **Aim and Objectives:** This study aimed to assess the efficacy of Panchakarma and Ayurvedic Intervention in managing Cervical Spondylosis. **Material and Methods:** A single case study of a 33 years old female who was already diagnosed with cervical spondylosis. He was presented with pain in the neck region radiating to both hands, stiffness and tingling sensation with the restricted movement for seven months. He was treated with Panchakarma, including local massage, Kukkutand sweda and matrabasti followed by Ayurvedic Intervention. The treatment was continued for 14 days. **Observation and Result:** Symptomatic assessment of the patient was carried out after 14 days. The satisfactory outcomes were there, and the overall quality of life of the patient was significantly improved. **Conclusion:** The regime, as mentioned earlier, gives significant relief in managing cervical spondylosis.

KEYWORDS: Cervical Spondylosis, Panchakarma, Ayurvedic Intervention, Kukkutand sweda, Matrabasti.

INTRODUCTION:

The natural ageing process is frequently to blame for cervical spondylosis, a common progressive degenerative condition of the human spine. The osteophytic forms that appear with progressive spinal segment degeneration are known as "vertebral osteophytosis secondary to degenerative disc disease." [1]. Degenerative disc degeneration is the root cause of cervical spondylosis, which often affects middle-aged and older people and causes intermittent neck pain. Exercise modification, neck immobilization, isometric exercises, and medication are effective treatments for this condition. Rarely do persons with congenital spinal stenosis typically experience neurologic symptoms. [2].

In the third decade of 2018, 13 per cent of people have cervical spondylosis. By the time you were 70 years old, it had almost reached 100%. The prevalence in females varies from 5% in the fourth decade to 96% of those over 70 years old. [3]. Adults experience neck pain 20 to 50 per cent of the time on average. Neck pain, stiffness, immobility, degeneration of the intervertebral disc, ejection of disc material, fibrosis of the surrounding tissues, hypertrophy of the vertebral body edges, etc., are some of its hallmarks. A large number of people over 40 have considerable radiological evidence and the majority experience symptoms. X-ray examinations reveal alterations in cervical spondylosis in 60 to 70 per cent of women and 85 per cent of males. [4]. Cervical spondylosis can be identified with a neck X-ray. Bone spurs, anomalies that point to cervical spondylosis, can be seen on an X-ray. Additionally, it helps rule out more severe and uncommon neck stiffness and pain. The prevalence of cervical spondylosis increases with age. Cervical spondylosis affects more than 85% of adults over 60. Cervical spondylosis typically has no symptoms. When symptoms do appear, nonsurgical therapies are frequently successful. Patients who report severe or developing neurologic impairments should consider surgery. Generally speaking, anterior cervical methods are preferred, while laminectomy is sometimes necessary. However, most patients initially seek invasive treatment, so patients are approached Ayurveda for treatment before going to invasive.

PATIENT INFORMATION

It is a single case study having Demographic details mentioned in table no. 1

CLINICAL PRESENTATION

The chief and associated complaints of the patient are mentioned in table no. 2

PROGRESSION OF DISEASE

The patient was well before seven months, and then she started suffering from neck pain and stiffness. Therefore she approached the outpatient department of Panchakarma, Mahatma Gandhi Ayurveda College, Hospital and Research Center Salod (H) Wardha, Maharashtra, for further treatment.

HISTORY OF PATIENT

The detailed history of a patient is given as follows :

- Family history: No significant family history was found.
- Past history: No significant history of past illness.
- Personal history
 - Ahara: Taste preferred
 - Vihara: Active
 - Koshtha: Krura
 - Agni: Teekshanagni
 - Nidra: Alpa
 - Vyasan: No any
 - Artava: Irregular
 - Vyayam: No

CLINICAL EXAMINATION

• Ayurvedic examinations

Ayurvedic examinations of the patient are mentioned in table no. 3

• SAMPRAPTI GHATAK

1. Dosha – Vata Kapha
2. Dushya – Majja, Asthi and Mamsa dhatu
3. Srotas – Majjavaha, Asthivaha and Mamsavaha
4. Urdhvaasthan – Pakwashyaya
5. Adhithana – Sandhi, Asthi
6. Vyaktisthan – Manya pradesha

• Modern examinations

➤ Inspection

- I. Bone deformity: C1 and C2 fusion. Degenerative changes.
- II. Curvature deformity: Mild
- III. Colour of skin: No
- IV. Scar: No

Auscultation: not found any abnormality

Percussion: not located any abnormality

Palpation

- I. Skin temperature: Absent
 II. Local tenderness: Present

INVESTIGATIONS

- Routine: CBC, ESR, RBS
- Specific: serum uric acid, serum creatinine
- RA factor, X-ray of cervical spine AP and lateral view, CRP

Diagnosis: Cervical Spondylosis

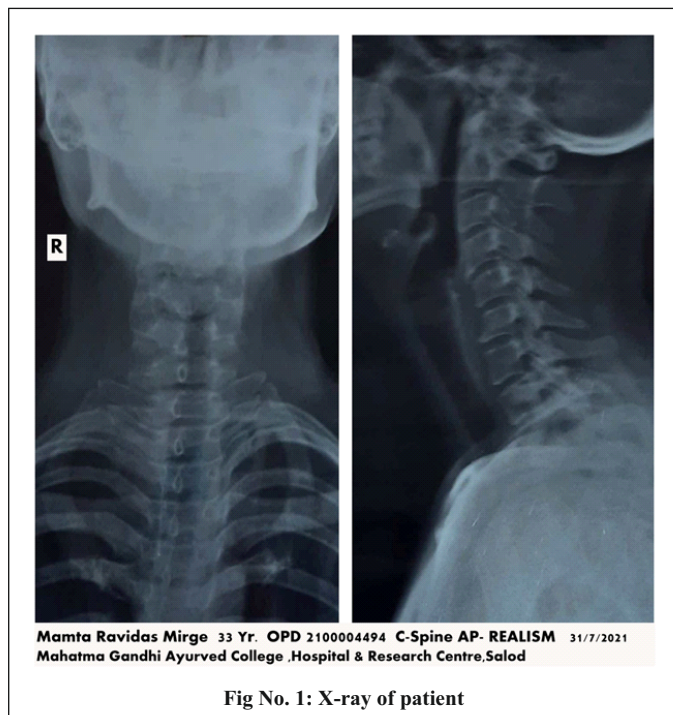


Table No. 1: Demographic details of the patient

Sr. No.	Demographic details of the patient	Information
1.	Name	ABC
2.	Age	33
3.	Sex	Female
4.	Religion	Hindu
5.	Occupation	Data entry operator
6.	Economic status	Middle class
7.	Address	Salod, Wardha

Table No. 2: Complaints of patient

S No.	Name of complaints	Duration
A	Chief complaints	
1.	Pain in the neck region	Since seven month
2.	Stiffness in the neck region	Since 7 month
B	Associated complaints	
1.	Tingling sensation in both hands	Four-month
2.	Headache	Three month

Table No. 3: A) Ashtavidh Parikshana

S No.	Head	Observation
1.	Nadi	Vata Kapha
2.	Mala	Constipation
3.	Mootra	Regular
4.	Jihwa	Niram
5.	Shabda	Spashta
6.	Sparsha	Anushnasheeta
7.	Druk	Normal
8.	Akruti	Madhyam

Table No. 3: B) Vital Examinations

S. No	Head	Observation
1.	HR	70/ min
2.	RR	20/ min
3.	BP	130/80 mm Hg
4.	Temperature	98° F
5.	Weight	43 kg
6.	Height	157 cm
7.	BMI	17.44

Table No. 4: Local examinations specific to the disease

Sr No.	Type of examination	Scoare
1.	Pain (VAS scale)	8
2.	Range of Motion of Neck	Mentioned below
3.	Neck Disability Index	350

Table No. 5: Type of Panchakarma Chikitsa

S. No	Type of Panchakarma Chikitsa	Drug	Dose	Time of administration	Duration
1.	Abhyanga	Karpooradi Taila	As per requirement	Morning	20 mins
2.	Kukkutanda Sweda	kukkutanda (eggs), saindhav lavana, Ghrita	4 10gms 30ml	Morning	20 mins
3.	Matra Basti	Sahachar oil and Ashwagandha oil	25ml 25ml	After food	Continue 7days

Table No. 6: Ayurvedic Intervention

S No.	Medicine	Dose	Frequency	Time of administration	Anupana	Duration
1.	Tab Shallaki XT	1tab	Two times	After food	water	7days
2.	Chandraprabha vati	250 mg 1 tab	Two times	After food	water	7days
3.	Amavatari rasa	125 mg (2tab)	Two times	After food	water	7days
4.	Tab Asthishak vati	1 Tab	Two times	After breakfast	milk	7days

Table No. 7: Therapeutic outcome Assessment of Subjective Parameters:

	Day 0	Day 7	Day 15
Pain	8	5	4
Stiffness	4	2	2

Assessment of Objective Parameters:

Goniometer Reading	Day 0	Day 7	Day 15
Flexion	75°	78°	80°
Extension	60°	63°	65°
Right Lateral	18°	19°	25°
Left Lateral	17°	19°	21°
Right Rotation	75°	78°	79°
Left Rotation	68°	68°	69°
Neck Disability Index	Day 0	Day 7	Day 15
Score	35°	32°	28°

Overall Assessment of Therapy: 62.2%

THERAPEUTIC INTERVENTION:

The treatments (Panchakarma and Ayurvedic Intervention) are given in tables 5

and 6, respectively.

THERAPEUTIC OUTCOME:

Observations noted and improvements in symptoms are shown in tables no. 7 and 8. After the successful intervention, the patient received complete relief from signs and symptoms of cervical spondylosis, such as pain, stiffness, and restricted neck movement expressively after 14 days.

DISCUSSION:

Clinical features of cervical spondylosis include gradual pain in the neck region worsening in the morning, painful movements, stiffness, tingling sensation, and numbness that resembles cervical spondylosis. The probable mode of action of the planned treatment in this patient can be explained as follows-

MODE OF ACTION OF PANCHAKARMA CHIKITSA

Abhyanga (Massage) in Ayurveda. Massage in a specific direction improves blood circulation, facilitates removal of the toxins from the tissues, relieves physical and mental fatigue, improves the functioning of the musculoskeletal system, clears stiffness and heaviness of the body and leads to a feeling of lightness [5].

Abhyanga (local massage) with Karpooradi Taila - is a mystery Ayurvedic composition prepared with karpoor (Camphor) as the main ingredient in coconut oil as a base. The thick design of rich nutrients penetrates deep into the skin and acts as a lubricant relieves muscle pain. Camphor-Karpooram (C. camphora) also has medicinal values such as topical analgesic, antiseptic, antispasmodic, anti-inflammatory, expectorant and cold suppressant. It has aromatic, bitter, thermogenic, diaphoretic, stimulant, antiseptic, pain-relieving, and anti-inflammatory activities [6,7].

Kukkutanda Sweda (Specific fomentation) - Metabolic waste is eliminated due to local temperature rise through increased blood flow and sweat. Sweat secretion is mainly independent and controlled by the neurological system. Therefore, sudation (swedana) can affect the autonomic nervous system directly, and heat may lessen pain by acting on nerve stimuli. Kukkutanada -Main chemical composition is L- Agninie, Main action of its composition is Anti-inflammatory [8].

Goghrita-combination with cow ghee improves anti-inflammatory activities [9].

Saidhava Lavana - Main chemical composition is NaCl (Sodium chloride). It is used as an anti-inflammatory [10].

Matra Basti (oil enema) with Sahachar and Ashwagandha oil: Sahachar Taila is one of the most common traditional oils used in Panchakarma for neuromuscular health. Its phytochemicals have a relaxing and soothing effect on the muscles and ligaments.

Sahachara- Anti-inflammatory and Pain relief [11].

Ashwagandha- Numerous bioactive components in the plant extract have antioxidant, anti-inflammatory, and immunomodulatory effects. Numerous ailments, including arthritis, impotence, amnesia, anxiety, cancer, and neurodegenerative and cardiovascular disorders, are prevented and treated with plant extracts and their bioactive constituents. [12].

MODE OF ACTION OF Ayurvedic Intervention

Tab Shallaki XT is indicated in Spondylitis, Gout, and Musculoskeletal disorders. Its main ingredient is Boswellia serrata, which is widely used to relieve joint pain, stiffness and inflammation. The other contents are Erand mool and Guduchi, which best relieve inflammation and joint pain, correct autoimmune disorders, and ease inflammation.

Asthiposhak vati - Asthiposhak name itself reveals Poshak of all Dhatu. It works as a nutritional supplement anti-stress, antibacterial, anti-inflammatory, antioxidant and immuno-modulator [13].

Amavatari Rasa - has an anti-inflammatory action which helps relieve pain and muscle stiffness. Gandhak is one of the contents of Amavatari Rasa and acts as an analgesic that helps reduce muscle tenderness and pain [14].

Chandraprabha vati - The main content is Karpoor. The action of the karpoor is anti-inflammatory and analgesic. Other contents of Chandraprabha vati are anti-inflammatory and antioxidant [15].

CONCLUSION:

This case study revealed that cervical spondylosis could be successfully managed with Panchakarma and Ayurvedic Intervention based on Ayurveda fundamentals. No, undue side effects as noted due to this treatment protocol.

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CONFLICTS OF INTEREST: There is no conflict of interest

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